

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>10/20/00</i>
O.I.P.E. CLASSIFIER	<i>DB</i>	<i>65373</i>	<i>8/16/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

*10/20/00*

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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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